DESI MAMIFURE COLLI

									Applicati n or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD														
Effectiv October 1, 2000								09773457					ı	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE 0			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			12					RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	l	
TOTAL CHARGEABLE CLAIMS			72 minus 20=		52			X\$ 9=	٠	OR	X\$18=	936		
INDEPENDENT CLAIMS			16 minus 3 =		13			X40=		OR	X80=	1040	l	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		l	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL			
CLAIMS AS AMENDED - PART II 10 3-9 oy (Column 1) (Column 2) (Column 3)								SMALL	FNTITY	OR	OTHER SMALL			
10	0 (09	(Column 1)		High		(Column 3)	l	-	ADDI-) 		ADDI-	ł	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
10ME	T tal	· 72	Minus		2	- /		X\$ 9=		OЯ	X\$18=			
	Independent	.160	Minus	••• /	6	9/		X40=		OR	X80=		l	
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		1	
								TOTAL		OR	YOYAL ADDIT, FEE		1	
5	8-40	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		,	AUUII. FEE		1	
		CLAIMS		HIG	REST		1		ADDI-	•		ADDI-	1	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER ROUSLY POR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	١	
VONE	Total	· <i>D</i>	Minus	/	12	- /	1	X\$ 9=		ОЯ	X\$18=]	
AME	Independent	· 2	Minus	M. JENDEN	TCLAIM	=		X40=	·	OR	X80=]	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=			
								YOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE]	
		(Column 1)			mn 2)	(Column 3)	4						╽	
o		CLAIMS REMAINING			HEST VIBER	PRESENT			ADDI-	l '		ADDI-	1	
AMENDMENT C		AFTER AMENDMENT		PREV	OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	_	
	Total	•	Minus	<u></u>				X\$ 9=		OR	X\$18=			
	Independent	•	Minus	•••		<u> </u>	1	X40=		OR	X80=			
卜	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		1	
	If the entry in colu	mn 1 is less than	the entry in col	ımın 2, wil	te V in o	olumn 3.		YOYAL		OR	TOTAL		4	
"If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate by											ADDIT. FEE	-	1	
1	The "Vighest Nur	nber Previously Pa	eid For (Total o	ar Indepen	ident) is th	e highest numb	er to	ound in the eq	od etahqorqq	m in o	ound 1.			

FORM PTO-475 (Rev. 800)

Raterd and Trademark Office, U.S. DEPARTMENT OF COMMERCE "U.S. GPO: 2000-480-70830103